



BILL TO: SCOTLYNN USA DIVISION INC 9597 GULF RESEARCH LANE FORT MYERS, FL 33912 INVOICE DATE: 12/12/2024 INVOICE #: R68941 TERMS: NET 30 DUE DATE: 01/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/10/2024		8 Catamount DRV, Milton, VT 05468 - 1245 US-202, Winthrop, ME 04364, USA			
		Freight Income	1	\$1,100.00	\$1,100.00
		Lumper	1	\$100.00	\$100.00

Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
12/11/2024	Direct Deposit	704184	12/11/2024	704184	\$1,100.00

TOTAL	
\$100.00	

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date. COMPASS FUNDING SOLUTIONS LLC P.O.BOX 205154 DALLAS, TX 75320-5154 Tel: 844-899-8092





1029759

Scotlynn USA [Division	<u>Oper</u>	ations Contact		Billing Contact	
9597 Gulf Rese	arch Lane		iel Conboy		9597 Gulf Research L	ane
Fort Myers, FL	33912	scont	boy@scotlynn.co	om	Fort Myers, FL 33912	
Ph: 888-263-18	88	ph:	239-204-5876	x	ph: 800-263-9117 x 2	541
Fax:239-433-33	72	cell:			fax: 239-603-8407	
www.scotlynn.o	com	fax:	239-204-5880		email: usa-accounting	g@scotlynn.com
Carrier:	ROYAL3 INC			Contact:	Kelly	
	CHICAGO	IL	60638	Phone:	630-405-7879	
Date:	12/10/2024			Fax:		
Commodity: Temp:	pasta sauce to	Run C	Continuous: N	Trailer:	Van or Reefer (DA	.Т)
Stop Details						
PU 1	Name: BOVE'S			۵rrive	e Between: 12/10/2024 08	300
	Address: 8 Catam		V	<u> </u>	And: 12/10/2024 15	
	MILTON		VT 05468		Contact:	
					Phone:	
Ref: PU 12365	386, 12365441, 1236	65331	Pcs: W	eight:	Desc:	
Stop Details						
SO 2	Name: Hannafo	ord Distril	oution Center	Arrive	e Between: 12/10/2024 20	000
	Address: 1245 US	6-202			And:	
	WINTHF	ROP	ME 04364		Contact: Main	
					Phone: 207-377-2251	
Ref: CG Appoi	ntment ID: 01339462	29	Pcs: W	eight:	Desc:	
Rate Approval S	ignature: <u>Kele</u>	ly Au	anovic		Carrier Freight Pay: Total Carrier Pay:	\$1,100.00 \$1,100.00

Comments





Terms and Conditions

Scotlynn Order number must appear on your Freight Bill.

Quick Pay is available on all orders at a rate of 3%, Proof of Delivery required.

Standard Payment Terms are Net 30 days from receipt of your Freight Bill and Proof of Delivery.

Late Pickup/Delivery without prior notification will result in fines.

Check Calls must be made to Scotlynn Operations Contact before 10am and again before 4pm EST each day the load is in

transit, including weekends and holidays. Failure to communicate may result in fines.

All additional expenses such as pallets and unloading fees require receipts in order to be reimbursed.

Loading/Unloading delays must be reported while truck is on site, and detention requests must be accompanied by dock in and out times noted on Bill of Lading.

Case and pallet count must match confirmation, any discrepancies must be reported at time of loading.

All temperature control loads must be run on continuous cycle only.

Each pallet of a temperature controlled shipment must be pulped at the time to loading to ensure temperature matches the Bill

of Lading. Temperature must be reported to Scotlynn at time of loading.

All trailers must be sealed with the seal number noted on the Bill of Lading.

Double Brokerage without written consent will result in non-payment.

All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.

For After Hours Dispatch call the toll-free number and follow the prompts.

Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood

Print Name:

Truck/Trailer: _____

Signature:

Driver/Cell:









1029759

<u>Scotlynn USA Division</u> 9597 Gulf Research Lane Fort Myers, FL 33912 Ph: 888-263-1888 Fax:239-433-3372 www.scotlynn.com				ations Contact el Conboy oy@scotlynn.co 239-204-5876 239-204-5880		Billing Contact 9597 Gulf Research Lane Fort Myers, FL 33912 ph: 800-263-9117 x 2541 fax: 239-603-8407 email: usa-accounting@scotlynn.con		
Carrier: Date:	ROYAL3 CHICAG 12/12/20	0	IL	60638	Contact: Phone: Fax:	Kelly 630-405-7879		
Commodity Temp		sauce o	Run C	ontinuous: N	Trailer:	Van or Reefer (DA	T)	
Stop Details								
PU 1	Name: Address:	BOVE'S 8 Catamo MILTON	unt DR\	V VT 05468	Arr	ive Between: 12/10/2024 08 And: 12/10/2024 15 Contact: Phone:		
Ref: PU 123	65386, 12365	441, 12365	331	Pcs: We	eight:	Desc:		
Stop Details								
SO 2	Name: Address:	Hannaford 1245 US-2 WINTHRC	202	ME 04364	Arr	ive Between: 12/10/2024 20 And: Contact: Main Phone: 207-377-2251		
Ref: CG App	ointment ID:	013394629		Pcs: We	eight:	Desc:		
Rate Approva	Signature:	Ke	lly c	Ivanovic		Carrier Freight Pay: Lumper Total Carrier Pay:	\$1,100.00 100.00 \$1,200.00	

Comments





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Print Name:

Truck/Trailer: _____

Signature:

Driver/Cell:





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lame:		HANNA	FORD BR		ion #:	and the second se	Frailer num			
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City/Sta	ate/Zip:	WINTRO	DP, ME 04	4364			SCAC:			
CID#:					FOB	:	Pro numbe	er:		
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